


<b>CRP-2</b> (09-14-99)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency		1. TRACT NUMBER		2. PROGRAM YEAR					
<b>CONSERVATION RESERVE PROGRAM WORKSHEET</b>				3A. SIGN UP NUMBER		3B. EFFECTIVE DATE (MM-DD-YYYY)					
See Page 2 for Privacy Act and Public Burden Statements.)				5A. STATE & COUNTY CODE ADMIN. LOCATION		5B. STATE & COUNTY CODE PHYSICAL LOCATION					
4A. FARM NUMBER		4B. NAME AND ADDRESS OF PRODUCER (Zip Code):		4C. CROPLAND		6. CONTRACT NUMBER					
						7. ACRES FOR ENROLLMENT					
4D. COUNTY OFFICE ADDRESS (Zip Code):		4E. COUNTY OFFICE TELEPHONE NO. (Area Code):		8. IS COST-SHARE REQUESTED?  YES <input type="checkbox"/> NO <input type="checkbox"/>		9. RENTAL RATE PER ACRE OFFERED  \$					
10. Will Forest Service Have Technical Responsibility for any Practice Offered?  YES <input type="checkbox"/> NO <input type="checkbox"/>		11A. ACRES UNDER ACTIVE CRP-1		11B. ACTIVE CRP-1 NUMBER(S) (Include Suffix)		12. SIGNUP TYPE (Select one)  STANDARD <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> CONTINUOUS CREP <input type="checkbox"/>					
13. TOTAL ALLOTMENT AND QUOTA		14. REDUCTION FACTOR		15. PEANUT REDUCTION ACRES		16. TOTAL TOBACCO REDUCTION ACRES					
17. PRACTICES				18. LAND ELIGIBILITY CATEGORY BY ACRES: (Enter the amount eligible for each criteria)							
A. PRACTICES	B. ACRES	C. ESTIMATED TOTAL C/S	D. LENGTH	HEL (EI 8 or Greater)		Noncropped Wetland - Associated Acres					
				National CPA		Scour Erosion					
				State CPA - Air Quality		Water Bank Program Acres					
				State CPA - Water Quality		CREP Acres					
				State CPA - Wildlife		Continuous Sign Up Wellhead Protection Acres					
				Cropped Wetland - Associated Acres		Continuous Sign Up Other Acres					
				Cropped Wetland - Wetland Acres		Continuous Sign Up Marginal Pasture Land Acres Devoted to Trees					
19. National Ranking Factors (for standard offers only)						20. N1 Subfactors (for standard offers only)					
N1	N2	N3	N4	N5	N6	N1a	N1b	N1c	N1d	N1e	N1f
21. N2 Subfactors (for standard offers only)				22. N4 Subfactors (for standard offers only)				23. N5 Subfactors (for standard offers only)			
N2a	N2b	N2c	N2d	N4a		N4b		N5a		N5b	
24. Soil Loss Tolerance		25. Erosion Index Water		26. Erosion Index Wind		27. HUA Number		28. Restored Wetland Acres		29. Reserved	
<b>30. Soil Map Data and Maximum Payment Rate Calculations</b>											
A. Soil Survey ID No.		B. Map Unit Symbol		C. Acres		D. Soil Rental Rate (\$)		E. Total Rent (\$)			
(1) Primary						X		=			
(2) Secondary						X		=			
(3) Tertiary						X		=			
(4) TOTALS											
31. Weighted Average Soil Rental Rate (\$) (Col. E total divided by Col. C total)		32. Incentive (\$) (if applicable) (Item 31 times applicable incentive percentage)		33. Maintenance Rate (\$)		34. MAXIMUM PAYMENT RATE (\$) (Per Acre)					
+		+		=							

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35. Tract No.	36. Field No.	37. Crop or Land Use	38. Practice 1/	39. Crop Status 2/	40. Crop Land Use Summary						
					A. Offered Acres	B. Eligible Acres	C. Year:	D. Year:	E. Year:	F. Year:	G. Year:
<b>41. TOTALS</b> 											
1/ IR = Irrigated NI = Nonirrigated					2/ I = Initial Crop DC = Double Crop SC = Subsequent Crop F = Failed Acreage PP = Prevented Planted APPF = After PP or F A = Abandoned						

**42. PRODUCER'S CERTIFICATION:**

By signing below I certify to all of the following: (1) All of the Environmental Benefits Index (EBI) factors and subfactors N1 through N6 have been explained to me; (2) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, and/or thinning existing trees and creating and maintaining open areas of approved herbaceous cover may enhance the acceptability of the offer; (3) I have been informed that if my offer to thin existing trees is accepted, the thinning must be completed within three years of the effective date of the contract regardless of market conditions or size of the tree; (4) I have been informed of the estimated cost of establishing the cover offered; (5) I have been informed that declining cost share assistance to establish the cover offered and/or offering a per acre rental payment less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (6) I have been informed that if I decline cost share assistance I will be ineligible for cost share assistance; (7) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (8) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (9) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

**42A. PRODUCER'S SIGNATURE****42B. DATE (MM-DD-YYYY)**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0125. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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